

# CLAIMS ONLY

Application Number

09/621695

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			/		/	
2			/		/	
3			/		/	
4			/		/	
5			/		/	
6			/		/	
7			/		/	
8			/		/	
9			/		/	
10			/		/	
11			/		/	
12			/		/	
13			/		/	
14			/		/	
15			/		/	
16			/		/	
17			/		/	
18			/		/	
19			/		/	
20			/		/	
21			/		/	
22			/		/	
23			/		/	
24			/		/	
25			/		/	
26			/		/	
27			/		/	
28			/		/	
29			/		/	
30			/		/	
31			/		/	
32			/		/	
33			/		/	
34			/		/	
35			/		/	
36			/		/	
37			/		/	
38			/		/	
39			/		/	
40			/		/	
41			/		/	
42			/		/	
43			/		/	
44			/		/	
45			/		/	
46			/		/	
47			/		/	
48			/		/	
49			/		/	
50			/		/	
Total Indep			19		19	
Total Depend						
Total Claims			20		20	

  

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
51			/		/	
52			/		/	
53			/		/	
54			/		/	
55			/		/	
56			/		/	
57			/		/	
58			/		/	
59			/		/	
60			/		/	
61			/		/	
62			/		/	
63			/		/	
64			/		/	
65			/		/	
66			/		/	
67			/		/	
68			/		/	
69			/		/	
70			/		/	
71			/		/	
72			/		/	
73			/		/	
74			/		/	
75			/		/	
76			/		/	
77			/		/	
78			/		/	
79			/		/	
80			/		/	
81			/		/	
82			/		/	
83			/		/	
84			/		/	
85			/		/	
86			/		/	
87			/		/	
88			/		/	
89			/		/	
90			/		/	
91			/		/	
92			/		/	
93			/		/	
94			/		/	
95			/		/	
96			/		/	
97			/		/	
98			/		/	
99			/		/	
100			/		/	
Total Indep						
Total Depend						
Total Claims						